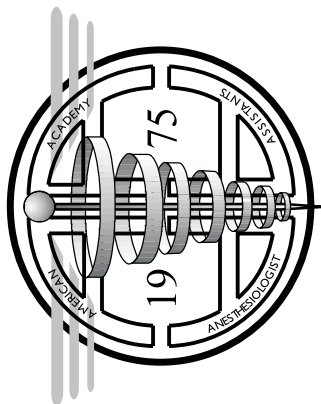


The Anesthesia Record

Winter 2003

The Newsletter of the American Academy of Anesthesiologist Assistants



The Editor's Column

By Ellen Allinger, AA-C

Did you ever see the movie "G.I. Jane" starring Demi Moore? In it, the drill instructor kept shouting to the Navy S.E.A.L. recruits, "Are you ready for the next evolution?" This very question can be asked of the AA profession, and the timing couldn't be more appropriate.

Looking back over the past 34 years, the AA profession has gone through several evolutions. Started in 1969, the two current programs have increased their yearly cumulative graduate numbers increase from a few to a few dozen. In 1975 the AAAA organization was founded, and, like any fledgling, it had some falls before it learned to fly. Most AA graduates did not see any visible purpose of the AAAA other than the annual conference providing CMEs and sporadic newsletters. What most members did not realize was that a vital evolution occurred in the late '80s and early '90s. First, the AAAA was one of the organizations involved in the accreditation of the two AA programs in 1987 and continues to be involved in the accreditation process by its representation on the Accreditation Review Committee for Anesthesiologist Assistants. The second important part of this evolution was the creation of the AA national certification exam. With AA representation on the Nation Commission for Certification of Anesthesiologist Assistants, AAs had a say in their certification process. The exam was offered for the first time in 1992, and 189 AA took this examination even when most had graduated many years prior to this date and no state at that time required national certification in order to practice. AAs were now validating their profession!

The second evolution occurred in the late '90s as the AA profession started gaining greater national recognition. AAs began moving in greater numbers to other states, medical licensing of AAs began occurring, and AAs started becoming active participants in other health profession organizations. Between 1996 and 2001, six states licensed AAs: Georgia, Alabama, Kentucky, New Mexico, Ohio, and South Carolina. (Note: In KY, one must meet the qualifications of a PA to as well as an AA in order to be licensed.) By the turn of the 21st century, AAs were working in 14 states as recognized AAs. (There are states where AAs work under their PA licenses, but the state does not recognize them as AAs.) Also, the Health Professions Network now recognizes AAs as an allied health profession, and the ASA has granted eligibility to AA graduates and students for educational membership. Articles, both good and bad, have appeared in numerous publications about AAs, and recognition of our profession has been expanding in both the medical community and in the public's awareness. We became visible!

Now, we are poised on the brink of our third evolution: the ability to determine our own destiny. This next evolution has been earmarked by several

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Opinions expressed in this newsletter are those of the individual authors and do not necessarily represent AAAA policy.

Inside AAAA

AAAA Leadership Election Results

By Kristy Campbell, AA-C
Nominations/Elections Committee Chairman

Congratulations to the winners of the AAAA 2003 elections. They are:

Rob Wagner, President
Christa McCurry, Treasurer
Board of Director/Seat #7, Deb Lawson
Board of Director/Seat #1, Gary Jones

Thanks to all those who took the time and showed enthusiasm in the AAAA by running for these positions. Also, thanks to all those members who became an active part of our organization by voting! If current AAAA by-laws revisions are approved this year, the elections for 2004 will include the positions of President-Elect, President, Secretary, and Board of Directors Seat #6 currently held by Bill Paulsen and Seat #2 currently held by Theresa Green.

News From The Annual Meeting Committee

By Mike Nichols, AA-C

2003 Annual Conference

As the doldrums of overcast skies, cold weather, and snow encompass me, I find myself looking forward to spending a week of fun and sun on the southern tip of Florida. I hope that this newsletter finds you already having made arrangements to attend the 27th Annual National AAAA Conference in Miami, Florida.

The Annual Meeting Committee is abuzz with activity trying to tend to all of the small details that will ensure that this year's conference is the best ever. If you have not already done so, please make every attempt to join us for the entire week, as there are activities planned throughout the duration of the conference. Here are a few events to keep in mind while you are making your plans:

- The Difficult Airway workshop on Saturday will have a limited number of participants in order to ensure plenty of hands-on opportunities for each participant.
- The Welcome Reception on Saturday night will serve as the grand opening of the exhibit hall. The reception is open to all attendees and their families, and several members of the Florida Society of Anesthesiologists will also join us.
- The 2003 AAAA Honor Awards will be presented during the Welcome Reception.
- The Student Social will commence in The Palms lounge immediately following the Welcome Reception.

See "Committee," page 10. . .

Legislative Committee Report

By Pete Kaluszyk, AA-C

Legislative Committee Chairman

The Legislative Committee is currently involved in the busiest first quarter legislative season in our history. We are actively supporting two ASA state component societies in their efforts to gain state medical licensing for AAs and dealing with another bill to allow better utilization of AAs already licensed in another state.

At the ASA's annual meeting last fall, the President of the Missouri Society of Anesthesiologists (MSA) asked the AAAA to attend their society's leadership meeting in Orlando. The meeting revolved around learning more about AAs and whether the MSA should pursue licensure of AAs in Missouri. Deb Lawson and I spent a couple of hours describing our profession, answering questions about AAs, discussing legislative efforts in other states, and quantifying the level of commitment that the AAAA and MSA needs for this effort. The Legislative Committee was informed in January that the MSA had committed to initiating a bill for medical licensure of AAs. Bill Paulsen was asked by the MSA to do a second presentation and discuss the educational aspects of AA training. The MSA decided to introduce legislation with SB 300 introduced January 21st to the Senate and concurrently introducing HB 390 in the House chamber on February 5th of the Missouri 92nd General Assembly. The concurrent introduction is used to expedite the legislative process rather than introducing the bills serially. At press time, the MSA reports that the Missouri State Medical Association, Missouri Association of Osteopathic Physicians and Surgeons, Missouri Hospital Association, and the Missouri College of Surgeons have testified in support of licensure of AAs. The MSA has done a superb job of forming a coalition of supporters to offset any challenges to the bill. However, there is still a lot of work to be done. If any AAAA members have relatives or friends in the state of Missouri, please contact them to call or write their legislative representative in support of SB300/HB 390. Gary Jones has been assigned to direct the Missouri subcommittee and

Mike Nichols will assist in this effort.

The Florida Society of Anesthesiologists continues to ardently support the introduction of AA medical licensing in that state. The AAAA's Legislative Committee met in January to refine our strategy in pursuing this goal. Rob Wagner as director of the Florida subcommittee, Mary Pettignano, and Christa (Billiet) McCurry are doing a great job in the day to day effort. The subcommittee has developed excellent lines of communications between the FSA, AAAA, and the legislators in this effort. As the legislative process heats up, the AAAA membership will be kept closely informed of developments and progress.

In New Mexico, SB 73 was introduced by the University of New Mexico Health Sciences Center to address issues involving AAs practicing at the University of New Mexico Hospital. These issues include expansion of the supervision ratio from 1:2 to 1:4 of anesthesiologist to AAs, deletion of requirement for the supervising anesthesiologist to be board certified, and permitting AAs to perform physicals and order preoperative laboratory and radiographic tests. Stan Agbulos has been closely following the progress of this bill and has kept the Legislative Committee apprised of developments. As of February 24th the bill has been passed through the Senate Public Affairs Committee hearing. The AAAA assisted in this by sending Ellen Allinger to speak before the committee on behalf of the bill and to provide the committee with answers and supporting documents concerning the issues addressed by the bill. There will be a final report on the New Mexico bill in the next newsletter.

The Legislative Committee attempts to keep AAAA members updated on the latest information concerning state legislative affairs on the Members Only section of the AAAA website. Please check this site regularly. Anyone interested in learning more about the legislative process to medically license AA are welcomed to contact the AAAA management office.

... "Editor" from cover

events. For the first time, the leadership of the AAAA had a facilitated strategic planning meeting where past and current problems with the organization were identified. Present as well as future goals were set with timetables and accountability assured. There is daily communication among the AAAA leadership and with the management company. There is physical representation of our profession at medical board and legislative hearings. AAs are supporting the AAAA as never before. There is increased

membership, leadership, and financial support. We are on the very edge of the ability to direct educational and legislative expansion of the AA profession. And remember, in every endeavor there are setbacks. Do not be discouraged by these. We must look ahead collectively at our ultimate goals: the ability to work in all 50 states and the ability to function within our scoop of training. Let us not be deterred from the next evolution. Let us determine our own destiny!

Legislative Fund Update

By Michael Nichols, AA-C

Last year, the AAAA introduced to all of you, the newly created Legislative Fund, with the charge of soliciting donations specifically designated for the legislative efforts of the AAAA. For the fiscal year 2003, the Legislative Fund set a goal to raise \$25,000.00. I am happy report that we are over halfway to that goal. At the time of printing for this newsletter, the Legislative Fund has \$13,875.00 in it's coffers.

As of yet, no funds have been distributed, although the Board of Directors is considering several recipients.

Thank you to all of those contributors listed below.

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Locums, Insurance and All That Jazz

By Mary Pettignano, AA-C

Thinking of doing locums? Is the grass greener on the other side? Well perhaps some of the information to follow will help you decide. There are several important aspects to consider such as health insurance, malpractice insurance, disability insurance and salary to mention a few along with some other minor details.

Health insurance is not covered working locum tenens but it can be obtained privately or signing on with COBRA for a specified time set by each state individually. However, if a small group currently employs you, you might not be eligible for COBRA. Health insurance is expensive.

Malpractice insurance is one of the most important elements required in obtaining locum tenens employment. The cost of malpractice insurance is escalating, especially in Florida where tort reform is badly needed. Most hospitals or groups will

See "Locums," page 10. . .

The Only Training For Leadership Is Leadership

By Mike Nichols, AA-C

LEADERSHIP: lead(er(ship (l_ ' der-sh_p'): 1.) the position or office of a leader; 2.) capacity of ability to lead; 3.) a group of leaders; 4.) guidance or direction

Recently, the current officers and Board of Directors of this organization met in Atlanta with the sole mission of creating a strategic plan for the future growth of the AAAA. The entire Executive Committee and Board of Directors were in attendance, along with our legal counsel and executive director. During this meeting, the goals of the AAAA were identified, and, more importantly, the modalities by which to achieve those goals were developed. Among these modalities was the restructuring of the Executive Committee and Board of Directors to allow for retention of leaders, ascension of officers, and functionality as a professional political entity. Also among the changes affecting our organization is a formalized initiative to identify and train new leaders from within the Academy. This is an undertaking that I have agreed to assume responsibility for.

WHAT IS A LEADER?

Ralph Nader was once quoted as saying that "...one of the integral functions of a good leader is to produce more leader, not more followers..." As the Vice President and Chairman of the Annual Meeting Committee, part of the charge of my office is to seek out and train those that will eventually succeed me.

Allow me to further define what a leader is. By definition, a leader is

someone who leads or provides direction to others. As a member of the AAAA, you are already acting as a leader amongst your peers and those that you work with. The greatest advocate that the AAAA possesses is the members it represents. Each time you renew your membership, log on to the website, donate to the Legislative Fund, attend an annual meeting, or simply encourage a non-member to join, you are functioning as a leader. For that reason, you should be commended.

But...is there more that you could do...?

THE NEXT STEP...

I realize that not everyone reading this article has the time nor desire to run for an officer or Board of Director's seat, and I am certainly not suggesting that every member should run for President! What I am advocating is that leadership starts with membership and grows from there.

Within the AAAA, involvement can range from that of a hospital representative, who acts as a conduit between the Executive Committee and a particular hospital, all the way to the President, whom is the pinnacle representative of the AAAA on a national, state, and local level. This organization has leadership opportunities whose participation can range from making phone calls or searching the internet, all the way to responsibilities that require frequent travel

across the country to meet with anesthesiologists and politicians.

For the students, I encourage the same type of leadership. This is exactly how I got my start in AAAA leadership. I served as a student representative for the CWRU Class of 2000; I then joined the Annual Meeting and Legislative Committees, on which I still serve, and was subsequently elected as your Vice President. As students, you are the future representatives and leaders of our organization and profession. Early familiarization with the inner-workings of the AAAA is essential to our future growth.

HOW DO I BECOME A LEADER?

As you finish reading this article, reflect on the words of Harry Truman, who said "...progress occurs when courageous, skillful leaders seize the opportunity to change things for the better..." Take the time to peruse the list of leadership opportunities at the end of this article. I would find it hard to imagine that you would not find one of the activities that appeal to you. If you have the desire to get involved, please contact me at (770) 457-7326 or pledgeaac@yahoo.com, to discuss the activity that suit you best. There will also be a Leadership Workshop at the upcoming annual meeting in Miami where you can gather information.

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Professional News

New York Votes In Favor Of AAS

By Mike Nichols, AA-C



In early December, members of the Legislative Committee were present in New York City for the 56th Annual Postgraduate Assembly, which serves as the New York State Society's annual meeting.

The AAAA booth at the meeting, and numerous members of the NYSSA general membership came by to get information about our profession.

Of particular note, was the House of Delegates gathering, which occurred on the second day of the

conference. At that meeting, the NYSSA leadership ratified a resolution to support the introduction of Anesthesiologist Assistants into the state of New York. This is a crucial first step in obtaining practice rights in that area. The caveat to this support is that, for the moment, this support is 'non-budgetary', and would require a separate resolution to allocate funds for aid in a legislative undertaking.

Also during the conference, the AAAA was invited to attend the NYSSA Anesthesia Care Team meeting. At this meeting, the chairperson, Dr. Sal Vitale, showed renewed vigor for the AA movement. Dr. Vitale has assigned the AAAA a liaison within the ACT Committee, whom will work hand-in-hand with us to spearhead our entrance into New York.

A big thanks goes out to Gary Jones and Bill Paulsen, who both took time out of their busy schedules to attend the conference with me. If you would be interested helping to gain practice rights in New York, please contact me at pledgeaac@yahoo.com.

The Stakes In Ohio: Lines In The Sand

By Deb Lawson, AA-C

OAAA Immediate Past President



The October 2002 convention of the American Society of Anesthesiologists marked the first such meeting that AAs participated as members of the ASA, through the Educational Membership opportunity extended to AAs earlier this year. Interest in AAs has grown

not only in volume, but in degree of commitment to pursuit of processes to both employ and educate AAs in new states. The nature of conversations at the AA booth had a depth and breadth that showed awareness of the political realities of such ventures, and a willingness to work to overcome them.

In the midst of the enthusiasm for AAs, another topic occasionally came up that reflected a concern that AAs in Ohio were going for independent practice. Clearly this is not the case, but the situation in Ohio does bear thoughtful consideration by all AAs, as it highlights the challenges of communication between organizations representing different professions on matters related to the boundaries of their respective practices.

The regulation of any midlevel health care providers is, in essence, the setting of appropriate limits. With physician extenders, the critical points are provider qualifications, scope of practice, and requirements for supervision. The forums for debate about these points are subject to politics, misperceptions (lack of information or intentionally generated), turf considerations, agendas, intransigence, and hopefully, the facts.

The historical framework for anesthesia practice is the evolution from its primitive beginnings to the complex medical specialty that it is today, and the relationship of the two practitioners that dominate the field. Today's chapter of that evolution is a very controversial struggle about practitioner hierarchy, and this tension is the backdrop against which AAs must better establish their own profession.

The single greatest concern among anesthesiologists is, simply, that in embracing another profession, they may give rise to a future adversary who will push for independent practice. The experience with nurse anesthetists has many anesthesiologists looking for similarities in AAs, and at first glance, the critical distinctions may not be apparent.

It has been said that the rule and spirit of the Anesthesia Care Team (ACT) is part of AA DNA. AAs were designed decades ago to fit into the already well established model of midlevel practitioner under anesthesiolo-

See "Ohio" page 9 . . .



AAAA MEMBERSHIP APPLICATION

Please print neatly.

Please check one (turn over for details):

- FELLOW (\$300/YEAR) ASSOCIATE (\$300/YEAR) STUDENT (\$60)

In an effort to know our members and communicate with them better, we ask your cooperation in filling out this application as completely as possible. Generally, we will contact you at home. Circle any contact information you do not want published.

Full Name _____ Nickname _____

Home Address _____

City _____ State _____ Zip _____

Home Phone () _____ Home Fax () _____

E-mail (please print exactly) _____

Program Attended: Case Western Reserve University Emory University Month/Year of Grad. _____

Certified (AA-C)? Yes No

Other Credentials Earned (ex. RRT, RN) _____

If you are a student, where do you plan to work after graduation (location, type of workplace)?

STUDENTS: In the employer address space below , please list permanent home address if different than above.

Employer _____ Address _____

City _____ State _____ Zip _____

Work Phone () _____ Work Fax () _____

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Job Title _____ Practice Specialty _____

Hospital Affiliation _____

Type of Practice Setting: Anesthesia Group Hospital Other

We encourage you to become involved in AAAA activities. In which areas might you be interested? Check as many as applicable.

- | | | | |
|---|---|-------------------------------------|--------------------------------------|
| <input type="checkbox"/> Annual Meeting | <input type="checkbox"/> Continuing Medical Education | <input type="checkbox"/> Membership | <input type="checkbox"/> JobLine |
| <input type="checkbox"/> Regional Meetings | <input type="checkbox"/> Credentials | <input type="checkbox"/> Newsletter | <input type="checkbox"/> Legislation |
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To pay by credit card, please check one: MasterCard VISA American Express

Name on Card: _____

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**Please send your completed application and check, payable to AAAA, to
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AUTHORIZATION TO VERIFY APPLICATION INFORMATION

I HEREBY AUTHORIZE THE AMERICAN ACADEMY OF ANESTHESIOLOGIST ASSISTANTS (AAAA), P.O. Box 13978, TALLAHASSEE, FLORIDA 32317, OR ANY OF ITS OFFICERS, EMPLOYEES OR AGENTS, TO INVESTIGATE AND VERIFY THE INFORMATION I HAVE SET FORTH ON MY APPLICATION TO BE A MEMBER OF THE AMERICAN ACADEMY OF ANESTHESIOLOGIST ASSISTANTS (AAAA).

I UNDERSTAND THE AUTHORITY I AM GRANTING THE AAAA AND FURTHER UNDERSTAND THAT SAID VERIFICATION OF THE INFORMATION SET FORTH ON THE APPLICATION IS A REQUIREMENT TO MY BECOMING A MEMBER OF THE ABOVE-NAMED ORGANIZATION.

SIGNATURE _____ DATE _____

AAAA Membership Information

Purpose of the Academy

To provide a forum for scientific, academic, and educational and professional growth

Membership Eligibility

In addition to making proper application, paying all fees required by the Academy, the following criteria must be met:

Fellow

- Graduate of approved program for the training of anesthesiologist assistants (AA)
- Currently licensed, certified or otherwise sanctioned to practice as an AA
- Demonstrates ideals and principles for which the Academy stands

Associate

- Demonstrates ideals and principles for which the Academy stands
- Graduate of approved program for the training of AAs but is not currently licensed, certified or otherwise sanctioned to practice as an AA
OR
Received training other than in an approved program as an AA and is currently licensed, certified or otherwise sanctioned to practice as an AA

Student

- Currently enrolled in an approved program for the training of AAs

Membership Privileges (clarification)

Fellow

Privileges include but are not limited to...

- Right to vote in all elections, both general and special
- Right to hold office
- Right to enjoy all benefits which shall accrue to the Academy

Associate

- Entitled to the privilege of the floor of the Academy but shall not be entitled to vote or hold office
- Right to enjoy other benefits which shall accrue to the Academy

Student

- Right to hold student office
- Right to vote in student elections
- Enjoy all rights and privileges of membership in the Academy except that a Student member may not hold general office and may not vote except as provided

Note: Student members attain Fellow member status upon graduation from an approved program and retain that status without additional application or fees until Dec. 31 of the year of graduation.

Membership Dues and Period

Fellows and Associates — \$300 per calendar year

Students — \$60 from beginning of matriculation until December 31 of year of graduation

FOR OFFICE USE ONLY:

DATE REC'D: _____ **CHECK #** _____ **AMOUNT \$** _____ **MEMBERSHIP PERIOD** _____

... "Locums," from page 4

not hire you without proof of insurance, as their insurance carrier or bylaws require it. AAs are usually covered under the anesthesiologists' group umbrella policy. Anesthetists usually have a one million-dollar limit for each claim and 3 million in the aggregate subject to a deductible of \$2500.00.

There are very few insurance companies that will provide malpractice coverage to self employed AAs. Since we work under the Anesthesia Care Team model we are therefore usually covered under the doctors' plan. Locum companies provide coverage at a fee of \$20 to \$30 per day. Make sure you obtain a copy of the malpractice certificate before you begin work.

Negotiate a good package to make it worth your while. The pay is definitely better but it comes without the

benefits. If you are working out of town be sure to include airfare, gas, hotel and car rental in your package. Finding a good accountant is worth the investment as they can maximize any financial benefits and structure tax payments.

Disability insurance is also becoming very expensive. Some of you may wonder if you really need it. If you get injured on the job, who covers the medical expenses? An example - you are accidentally cut by a needle contaminated with blood from an HIV patient. Who covers the lab work, preventive medication, and follow up care?

Contracts with locum companies may require a guarantee that you will not become an employee for a period of 12 to 18 months after your last assignment. If you think you may want to work permanently with the

facility, negotiate a trial period with the locum company.

Don't forget to file your changes or additions of your supervising physician with the state. This requirement may vary between states and is sometimes done by the group's secretary. The cost of this can add up if you are working with several groups.

Life on the road can be very hard and lonely. Hotel rooms get old as does trying to remember which rental car you have this week. Air travel has definitely gotten much more difficult. If you are able to work locums at home it can be lucrative, convenient and fun.

It has been almost 3 years on the road for me. The job market in Florida looks promising. Perhaps soon (this year?) licensing will become a reality. Please encourage former members to join the AAAA so we can continue to grow. I hope to see some of your faces down in my neighborhood soon.

... "Ohio" from page 6

gist direction and supervision. If AAs are to be a viable alternative provider in any anesthesiologist's practice, they must maintain the ability to be utilized in accordance with and to the full extent of the ACT model as it is practiced.

The issue in Ohio is whether anesthesiologists have the right to utilize AAs to perform commonly accepted and performed anesthesia related procedures within widely accepted ACT guidelines. As any AA knows, any anesthesiologist has the undisputed right to allow or not allow the performance of any procedure in any case, at any time. What Ohio AAs and supporting Ohio anesthesiologists have been opposing is the effort to prevent any Ohio anesthesiologist from having that choice.

The fact that AAs work only under anesthesiologists is used in every state battle as evidence that AAs are inferior to nurse anesthetists,

but the logic and data supporting the safety of anesthesiologist oversight is generally enough to minimize that argument. However, the first restriction of AA practice codified in state-wide regulation will support the position that AAs are "less" than nurse anesthetists, and the push to restrict AA practice so that "standards are not lowered" will become a much harder argument to counter. The challenge of opening new states to AA practice will become much more difficult.

In short, the controversy in Ohio is related to the lines in the sand: anesthesiologists do not want another independent practitioner; AAs do not want third tier status as an anesthesia provider. The fact is that there is ample common ground between those two lines, and that is what the Ohio AAs and their anesthesiologist supporters are working to maintain.

Editor's Addendum:

On Wednesday, February 12th, the Ohio State Medical Board (OSMB) voted on the AA scope of practice in favor of restricted practice, even more restrictive than any of the proposals before the board. If the OSMB's recommendation is accepted within 45 days of filing by the legislative rules review committee, Ohio AAs will no longer be able to perform spinal or epidural anesthetics or to place central venous or brachial arterial lines.

Deb Lawson wrote in an email just after the medical board's decision, "This restriction will impact many practices in Ohio, and make the instruction of these techniques to AA students (mandated in statute) an interesting challenge for the CWRU program. It will make staffing OB and cardiac challenging, as well. And retention of AA employees, for that matter...A painful day, with painful consequences ahead."

Opportunities

JobLine Listing

JobLine is a free service provided to potential employees of AAAA members. For more complete information, members can visit JobLine on the AAAA web site at www.anesthetist.org. The password to access JobLine is available to current members only by contacting the AAAA office. Anyone wishing to post a job opportunity should contact Kris Tindol at kwindol@bellsouth.net or Kim Watson at kim@anesthetist.org.

Alabama

Anesthesia Services of Mobile contact: Donna Shamp; 251-432-4440 ext. 3333 or dshamp@anesthesiaservicespc.com

Georgia

Kennestone Hospital, Marietta contact: Richard Mudd, AA-C; 770-855-1063 or remudd@bellsouth.net

Medical Center of Central Georgia, Macon contact: Terry Walston; 478-633-7191 or walston.teresa@mccg.org

Emory Peachtree Regional Hospital, Newnan contact: Dr. Joe Pafumy 770-782-5301 pager or Dr. Craig Spector 770-929-5567 pager

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... **“Committee,” from page 2**

- There will be open committee meetings each morning prior to the start of the academic conference. These meetings will be an excellent opportunity to catch up on what is happening within each committee, and possibly to join the committee if you desire.
- Academic conferences will begin on Sunday and continue through Wednesday. This year the AAAA will offer AMA Category I CME credits, which will require each attendee to sign in at each conference in order to receive credit.
- The General AAAA Business meeting will be held on Sunday afternoon during lunch on the veranda deck.
- There will be a Leadership Workshop on Sunday afternoon for all interested future leaders of the organization.
- Cocktail Receptions will be held each night in the Exhibit Hall

In addition to the educational portion of the meeting, the Annual Meeting Committee has arranged for some social activities to ensure that all of the attendees are able to take full advantage of all that Miami has to offer.

- Preferential tee times can be reserved at the Doral Golf Course upon arrival through the concierge at The Palms
- A 5K Fun Run/Walk take place on Monday afternoon at the conclusion of the academic conferences
- We are planning to charter a Casino Cruise one night during the week
 - A deep sea-fishing excursion will set out Wednesday afternoon
- For the spouses and families, we are planning a shopping trip at the Miracle Mile in Coral Gables during one of the conference days.
- For the kids, we are planning a trip to Parrot Jungle during one of the conference days.

I hope to see everyone in Miami in just a few short months!

28th Annual Conference

Based on survey results, past meeting requirements, and political circumstances, the Annual Meeting Committee has selected San Diego, California as the host city for the 2004 AAAA Annual Meeting. Additionally, the Catamaran Resort (www.catamaranresort.com) will serve as the host resort for the conference.

The warm temperatures, cool ocean breeze, and various social activities will welcome attendees to the southern tip of California. As the home of the West Coast’s largest Naval Base and cruise ship port, millions of tourists and residents enjoy all that San Diego has to offer. Among the hundreds of things to do in San Diego, there is the San Diego Zoo, Sea World, Tijuana, Mexico, etc...

There will be much, much more information to follow.

Announcements

- **Legislative Fund Contribution Impacts Your Federal Tax Return!** Don’t forget that if you made a contribution to the AAAA’s Legislative Fund in 2002, twenty-six percent (26%) is tax deductible on your 2002 tax return. The same will apply to contributions made in 2003.
- **Mike Nichols, AA-C, becomes AAAA’s candidate for the Coalition on Allied Health Leadership!** If selected by the Health Professions Network (HPN), Mike will travel to Washington, D.C. for two one-week long conferences. Good luck, Mike!
- **CMS Gives AAs Their Own Code!** The Centers for Medicare & Medicaid Services (CMS) has separated AAs from nurse anesthetists by providing a separate billing code for the AA profession. Until April 1st, AAs will continue to be

continued on back cover

Anesthesiologist Assistant

We are seeking Anesthesiology Assistant to provide patient care in a hospital setting under the direction of a licensed physician. Primary responsibility to coordinate the activities related to the performance of all research projects under the auspices of the Army Regional Anesthesia Initiative through the Walter Reed Medical Center Department of Surgery and the Clinical Breast Care Project, its satellites and affiliates. Protocol management, patient scheduling, and area management responsibilities.

Minimum Education/Training Requirements: Associates degree in health care science.

Minimum Experience: 2 to 4 years experience as an Anesthesiology Assistant; Licensed Anesthesiology Assistant.

The Henry M. Jackson Foundation provides flexible and generous benefit choices as well as a highly competitive salary structure. AA/EEO.

Please send your CV/Resume to careers@hjf.org,
Attn: 1269HS/MNB/.

Calendar



If you know of an educational event that would be of interest to AAAA members, please contact the newsletter editor for inclusion in this calendar.

April 5 — Roseville, MN

Minnesota Society of Anesthesiologists
Spring Meeting
Contact: Linda VanSickle at 507/266-3473 or www.msadoctors.org.

April 5 — San Antonio, TX

Texas Society of Anesthesiologists
Interim Meeting
Contact: Ann Becker 512/370-1659 or www.tsa.org

April 11-12 — St. Louis, MO

Commission on Accreditation of Allied Health Education Programs
Contact: CAAHEP office (312) 553-9355

April 12-17 — Miami, FL

27th Annual AAAA National Conference
Contact: Susan Cabrera at 850/656-8848
Info: www.anesthetist.org

April 24-27 — Kansas City, MO

Health Professions Network (HPN)
Spring Meeting
Contact: Virginia Papas at vpappas@snm.org

April 26 — Troy, MI

Michigan Society of Anesthesiologists
Annual Scientific Session
Contact: MSA at 517/346-5088 or www.mianesthesiologists.com

May 5-7 — Washington, D.C.

ASA Legislative Conference
Contact: Michelle Omar (202) 289-2222 or m.omar@ASAwash.org

May 17-18 — Gleneden Beach, OR

Oregon Society of Anesthesiologists
Annual Spring Meeting
Contact: Sondra Gleason at (503) 635-6525 or sgleas1120@aol.com

June 5-8 — Anaheim, CA

California Society of Anesthesiologists
Annual Meeting and Postgraduate Seminar
Contact: Cammie Pisani (800) 345-3691 or cpisani@calsocanes.com

Aug. 1-3 — St. Simon's Island, GA

Georgia Society of Anesthesiologists
Summer 2003 Meeting
Contact: Jet Toney at (404) 249-9178 or www.gсахq.org

Sept. 4-7 — San Antonio, TX

Texas Society of Anesthesiologists 2003 Annual Meeting
Contact: TSA at (512) 370-1659 or info@tsa.org

Sept. 12-14 — Asheville, NC

North Carolina/South Carolina Societies of Anesthesiologists Biannual Meeting
Contact: W. N. Hilliard at (919) 787-5859 or WNHILLIARD@aol.com

October 11-15 — San Francisco, CA

ASA Annual Meeting
Contact: (847) 825-5586

Announcements" from page 10

included in the same code (43) as nurse anesthetists. After then, AAs will be able to designate themselves as such using code (32). To select specialty codes, physicians and AAs must submit CMS Form 851 to their Medicare carriers. The form is available at www.hhs.cms.gov. CMS' notice to the carriers, Transmittal 1779, may also be downloaded. Please share this information with your department's billing office.

- **The AAAA has a New Mission Statement!** Created at the facilitated leadership meeting and adopted at the Board of Director's meeting in November, 2002, the revised AAAA Mission Statement is as follows: The American Academy of Anesthesiologist Assistants is dedicated to the advocacy of the Anesthesiologist Assistant profession, committed to the highest quality healthcare and the anesthesia care team.
- **The Anesthesia Record will be Reduced to Four Editions per Year.** Because of increasing production and mailing costs and poor advertisement sales, the AAAA newsletter is being forced to cut its publication from five to four times a year. If you would like to help increase newsletter revenue, please contact Kim Watson at the AAAA management office or contact editor Ellen Allinger.

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